## EMPLOYEE TERMINATION/RETIREMENT WITHDRAWAL REQUEST Education, Healthcare and Governmental Markets

ING Life Insurance and Annuity Company/ING Insurance Company of America Service Center: 151 Farmington Avenue, Hartford, CT 06156-5996

Phone: 800-525-4225 Fax: 860-723-9620



**INSTRUCTIONS** If you have questions about how to complete the request or determine if exception handling applies, contact us at 800-525-4225. Completed requests (pages 1-2 and 3, if applicable) must be mailed to the address above or faxed to ING at 860-723-9620. If you choose to fax a request, please **DO NOT** mail the original to us.

	Spousal Consent Required	Participant Signature Required	Sponsor Signature Required
Non-ERISA 403(b)	NO	YES	NO
Non-ERISA 401	NO	YES	YES
Governmental 457(b)	NO	YES	YES
ERISA 403(b)	YES - Rollover or Cash NO - 90/24	YES	YES
ERISA 401	YES	YES	YES

#### **GOOD ORDER**

Good Order is receipt at our Service Center of this form accurately and entirely completed, and includes necessary signatures. If this form is not received in Good Order, as we determine, it may be returned to you for correction and processed upon resubmission in Good Order at our Service Center.

#### TERMS AND CONDITIONS

The withdrawal effective date will be the date our Hartford Service Center has received the request and any other required documentation or forms in Good Order. For purposes of calculating the amount to be withdrawn, the value of the individual account will be determined after the final close of business of the New York Stock Exchange (NYSE) on the date of Good Order. A valuation date is any normal business day, Monday through Friday, that the NYSE is open.

All withdrawals may be subject to one or more of the following: ING contractual fees, deferred sales charges or market value adjustments. There may be withdrawal restrictions on certain funds (please refer to your prospectus). Certain full withdrawal requests will automatically create the Fixed Plus payout process and the balance in the Fixed Plus account will be paid out over the next five years.

For partial withdrawals where a specific dollar amount of withdrawal has been requested, all charges and adjustments will be deducted from the remaining balance of the account and the check will be for the amount requested, less any applicable withholding for Federal/State Income Taxes. For any other full or partial withdrawal all charges and adjustments will be deducted from the withdrawal amount requested on this form.

Amounts will be withdrawn from each investment option in the same proportion as its value is to the total value.

This form may be used to withdraw assets associated with terminating or retiring employees participating in 401, 403 or governmental 457(b) plans. This form cannot be used by participants in corporate non-qualified deferred compensation plans, 415(m) plans or 457(f) plans. This form cannot be used by non-qualified deferred compensation plans of tax exempt (non-governmental) employers.

## SUMMARY OF NOTICE REGARDING IMPORTANT TAX INFORMATION

The following is a brief explanation of an important decision you must make about any distribution you request from the Plan. Please read it carefully. You can find a more complete written explanation of these rules at <a href="http://www.ingretirementplans.com/taxnotice">http://www.ingretirementplans.com/taxnotice</a>. You can obtain a free copy of the complete explanation by calling 800-262-3862.

We are required to provide this notice to you at least 30 days, but no more than 90 days, before the date of distribution. You have the right to consider whether to elect a direct rollover for at least 30 days after the notice is provided. Your Employer's retirement program may provide that by completing and returning the distribution request in less than 30 days, you elect to waive the 30-day requirement. This would mean that you do not wish to wait 30 days before receiving your requested distribution. We will process your distribution request as of the date we receive it in Good Order at the service address above.

#### If you choose a Direct Rollover:

- Your payment will be made directly to another Employer Plan (401, 403(b) or Governmental 457(b)) that accepts your rollover. Some employer plans
  do not accept rollovers, or accept only certain rollovers. You should confirm this before requesting a rollover. You may also elect to roll the assets to a
  traditional IRA.
- You will receive a 1099R.
- Your payment will not be taxed in the current year and no income tax will be withheld. Your payment may be taxed later when you take it out of the Employer Plan or traditional IRA and choose to take the distribution in cash rather than executing another rollover.
- You may be able to request a subsequent distribution of the amounts rolled over at any time.

### If you choose a Transfer:

- Only allowed if moving assets from a 403(b) to another 403(b) or 457(b) to another 457(b).
- You will not receive a 1099R. Your payment will not be taxed.
- You will not be able to receive a cash distribution of the amount transferred until you have a "distributable event" under the new plan.

#### If you choose Cash:

- You will receive a 1099R.
- Your payment will be reduced by the mandatory 20% Federal Income Tax. State Tax will be withheld as required.
- Your payment is taxable and income tax will be due.
- You may also owe an additional 10% penalty tax to the IRS if you have not reached 59 ½ unless another statutory exemption applies.

WISE: MoneyOut Unbundled-Term

Order #83501 08/15/2005

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ING	

PLAN INFORMA					
Plan NameCit	is of Leon	Unster		Billing Group	VK4310
PARTICIPANT I					
	st, first, middle initial)				
				PO Box	
City/Town				State ZIP	
Daytime Phone #					· .
			nust be completed if res	ident address is outside the Unit	red States.
	the United States living in	•			
l am not a Unite	d States Citizen. My coun	itry of legal residence is _		·	
TYPE OF WITH	DRAWAL				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Direct Rollover (	Letter of Acceptance Re	quired) 🔲 Payable to	o Participant 🔲 4	57(b) or 90/24 Transfer (Letter	of Acceptance Required)
WITHDRAWAL	AMOUNT				
☐ Withdraw 100%	of my account				
Withdraw a port	ion of my account				
Employee	Employer	Rollover	Voluntary	Deferred Compensation	Other
(\$ or %)	(\$ or %)	(\$ or %)	(\$ or %)	(\$ or %)	(\$ or %)
	•	-		n/Severance from Employment o	ŭ
		· · ·		e in my account to keep the load	
		•	*	my outstanding loan balance wi	ii de considered in detauit.
ir applicable and ir no	election is made, it is ou	r understanding that you	are deemed to have el	ected the first option above.	
SPECIAL INSTRU	JCTIONS		•	,	
Transfer remainin	ng balances to Plan Forf	eiture Account.	] \$	ost basis (after tax contribution	ons)
Other			****		
	<u> </u>				
	MAILING INFORM t (as indicated in Participal		d, check will be made	payable to and mailed to the	Participant.
Mail to Employer/		ant imormation section)			
Rollover/Transfer	, ,				
Make a check pay	able to			New account #	
Send check to					
City/Town				State ZIP	

ELECTRONIC FUND TRANSFER			
By completing this section, you authorize ING to	o initiate an electronic funds transfer	(EFT). The EFT information m	iust be complete; otherwise, payment wil
be made by check. EFT payment will be made i	by automated clearing house (ACH).	ACH payments will generally	be available in your designated account
within 3 - 4 business days of the date the trans	saction is processed. Please be sure	to confirm your 9 digit ABA r	outing number with your bank. ING wil
rely on the bank information provided, and will will be paid by check.	not be responsible for a lost payme	it if you enter the wrong acco	unt information. Any returned payments
<ul> <li>EFT cannot be made outside of the U.S.</li> </ul>			
EFT can not be made to a third party account	t.		
Bank Account Type: (check one)	g 🗌 Savings		
Bank Name			
Bank Routing/ABA Number			
Bank Account Number (Do not include any dasi	hes, slashes or spaces.)	_	
PARTICIPANT'S AUTHORIZED SIGN	IATURE AND CERTIFICATION	N AND TAX WITHHO	UDING
I, the Participant, certify that I have read the Terms			
any information that has been pre-filled.	-	and to tai page of the request an	na agree to its provisions. I also agree with
I, the Participant, certify that I have terminated o	· •		
I, the Participant, certify that there is no pending of child support, alimony, or marital property righ	ts to a Spouse, Former Spouse, child o	or other dependant with respec	t to the requested withdrawal amount.
I, the Participant, certify that the information pr	ovided on the Spousal Consent (if a	oplicable) is accurate. I further	certify that if I have indicated that I am
legally separated or abandoned on the attached or partial withdrawal of my account (other than	I Spousal Consent, I have the necess a joint and survivor annuity) the value	ary court order. I understand t se of benefits payable to my Sr	hat if I receive a payment as a complete.
be reduced or eliminated. I understand that once	e payment representing complete or	partial withdrawal of my accou	unt has been made, my election to waive
QPSA and QJSA is irrevocable with respect to the	ie value of amounts paid pursuant to	my withdrawal request.	•
I certify that I have read and understand the Sum		• • • • • • • • • • • • • • • • • • • •	, ,
I understand that the Company reserves the right under the terms of the Contract regardless of the	e method of payment.		
Those signing the form may rely conclusively conflicting information, the Company is entitled	on all information, including this ce to rely exclusively on the information	rtification, in processing this a contained in this Withdrawal	withdrawal request. In the case of any Request.
State Withholding			
My residence state for tax purposes is	Johanne Charles Income Town Miles Laborate		
If any part of this payment is exempt from mand	-		aldered analisable Co. 1
I want State Income Tax withheld from Withholding form).		na submit your state of res	sidence's applicable State Income lax
I do not want State Income Tax withheld from NOTE: If your residence state for tax purposes is		f you aloct to opt out of state	withholding In this situation if VA MAD
is not attached, the distribution is not exempt from	om mandatory state withholding.	you elect to opt out of state	withholding. In this situation if VA-W4P
<b>DEFAULT:</b> If no election is made, mane	datory State Income Tax Wit		ipplicable.
X Participant's Signature			Date
EMPLOYER, PLAN SPONSOR, OR N	AMED FIDUCIARY'S AUTH	ORIZED SIGNATURE	AND CERTIFICATION
This section must be completed when required to			
I am an Employer, Plan Sponsor, or Named Fiduc	iary of the Plan identified above and	certify the following:	
a) the requested benefits are permitted by the I	Plan; and		
b) the distribution is being made from a contract		(b), a 403(b) or a 401 retireme	ent plan.
c) I have read and agree to the terms and con-			•
further understand that the Company may re any conflicting information, the Company is e	ely conclusively on these certification	is in processing the requested	benefits above and that, in the case of
Employer, Plan Sponsor, or Named Fiduciary Name <i>(please print)</i>			Date
Employer, Plan Sponsor,			
X or Named Fiduciary's Signature			_ Date
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